

"HEALTH FOR ALL"

All too often we take good health for granted. Even when ill, we feel secure in the knowledge that we will be seen and treated by a qualified doctor or health professional. In the West Bank and Gaza Strip the quality and availability of health care services fall far below the standards which have come to be expected in the developed world. Hospitals and clinics often lack the equipment and technology required to perform what today are the most basic of tests and procedures. Trained personnel, especially nurses and technicians, are often in short supply. A serious shortage of medicines and basic supplies becomes evident after a quick look at a clinic's or pharmacy's shelves.

There are other conditions, in addition to the availability of health services, which must be met for the attainment of good health. These, too, we often take for granted. For example, seldom do we give a second thought to the clean water that supplies our homes, nor to the sanitary sewage system provided by the city or town in which we live. However, these are important factors contributing to the good health most of us enjoy. Throughout the West Bank and Gaza Strip, thousands of people continue to live in slum-like refugee camps, rural villages, and hard-to-reach areas without clean water, sanitary waste disposal, knowledge of good hygiene or proper nutrition. Changing these conditions is vital to achieving good health. However, in the West Bank and Gaza Strip, economic poverty, a harsh environment, and ongoing political problems work against the attainment of good health by keeping the provision of vital health and community services beyond reach.

The West Bank covers an area of approximately 5,600 square kilometers, divided into 7 administrative districts. Its population of nearly 800,000 is spread out among seven major towns, numerous rural villages, and 20 refugee camps. Serving the medical needs of the West Bank are a total of 17 hospitals. Eight are privately-run general hospitals, including a small 36-bed UNRWA (United Nations Relief and Works Agency) hospital in Qalqila; eight are government-run general hospitals; and the remaining is a government-run psychiatric hospital. While it varies greatly from district to district, the ratio of general hospital beds averages out to 1.4 per one thousand (1000) of the population. This is in contrast to the minimum standard of 2 beds/1000 established by the World Health Organization (WHO), and even more striking when compared to that of the United States which is 3-4/1000, depending on the region.

The Gaza Strip covers an area of 363 square kilometers with a population of approximately 500,000. A much smaller area than the West Bank, the population is concentrated in 3 towns, villages, and 8 refugee camps. In the Gaza Strip there are 6 hospitals, four of which are government-run, one is privately-run, and a 70-bed tuberculosis hospital run jointly by the government and UNRWA. In the Gaza Strip, the ratio of hospital beds is approximately 1.8/1000.



Health care services are provided by the Israeli Military Government, UNRWA, and a private sector comprised of private practitioners, international private voluntary organization (PVOs), and numerous Palestinian charitable societies and organizations. In addition to the hospitals, a number of other health facilities serve the health needs of the Palestinians living in the West Bank and Gaza Strip. These include primary health care clinics (PHC), mother/child centers, six regional blood banks plus other laboratory facilities, an ophthalmic hospital in East Jerusalem, mobile immunization units, a school for handicapped children in Gaza, and outreach services providing both health care and education.

However, these facilities are inadequate both in number, and more importantly, in the quality of care they are able to provide. Their distribution, especially in the West Bank, is somewhat centralized and unevenly spread among the districts, leaving many areas underserved. This problem is most serious in the peripheral areas of the West Bank where lack of transportation makes access to health care difficult for many and impossible for some.

There is little coordination of these services. The three providers of health care, the government, UNRWA, and the private sector, fail to interact except at the most informal of levels (with the exception of the government-UNRWA operated tuberculosis hospital in Gaza). This has caused two problems: shortages and gaps of certain health care services on the one

hand, and duplication of efforts on the other. Unfortunately, given the existing political situation, this will not change in the near future.

The Israeli Military Government operates hospitals, PHC clinics, and Maternal and Child Health (MCH) centers in the West Bank and Gaza Strip. Stress has been placed on a program of immunization, control of diarrheal diseases, other primary care services, and improvement of sanitation. The government's immunization program has been especially successful. With a coverage rate of 90% (of the non-refugee population), the region has seen a marked decrease in reported cases of diphtheria, pertussis, polio, and to a lesser extent, measles.

However, due to insufficient funding and mismanagement, the quality of services is poor. Government hospitals have not been kept in good condition. Outdated equipment limits services to only the most routine diagnostic and surgical procedures. Shortages of qualified personnel and basic medical supplies hinder the quality of care. Clinics, too, have suffered. Shortened hours, insufficient staffing, and empty supply shelves have turned many clinics into little more than first aid stations.

The government does offer a comprehensive health insurance plan to the Palestinians living in the West Bank and Gaza Strip. Participation is optional. A health insurance premium is charged per family, regardless of family size or medical history. All government employees, plus all those employed in Israel, are automatically covered without charge. Free coverage is extended to pregnant women and all children under the age of three.

However, for those not covered by the health plan, the high cost of care in a government facility is often prohibitive. Although requiring care, those who can not afford to pay clinic fees often choose not to go. Such was the case in the following account as told by a visiting health expert during a stop at a government clinic in the Jordan Valley.

A woman brought in to the clinic her two-year-old child suffering from diarrhea and severe dehydration. After questioning the woman it was discovered that at home, suffering from the same illness, was her four-year-old child. Only the younger child was covered by insurance, however, and the woman could not afford to bring the older child in for treatment.

Armed with only some advice as how to care for her child, the woman was sent home. When asked why the clinic did not have oral rehydration salts, the doctor replied by pulling a packet out from a drawer and saying that yes, they did have the salts. However, no good explanation was given for the withholding of such a simple and effective treatment.



Health teams visit schools and refugee camps giving school-age children routine physical check-ups and necessary immunizations.



The Gaza Red Crescent Society purchased this ambulance to fill shortages for emergency transportation.

UNRWA is the main, and often the only provider of health care services to the more than 700,000 registered refugees in the camps, towns, and villages in the West Bank and Gaza Strip (more than one-half of the refugees live in the Gaza Strip). UNRWA provides numerous services to the refugees, including: MCH care, supplemental feeding programs, immunization programs, oral rehydration therapy (ORT) for infants and children suffering from diarrheal diseases, programs to improve sanitation in the camps, provide the inhabitants with potable water, and health education and training.

UNRWA has been a leader in the use of ORT to treat infants and children suffering from dehydration caused by diarrheal diseases. ORT, which is nothing more than the administering of a simple solution of sugar, salt, and water, is inexpensive, easy to-use, and saves lives. UNRWA's immunization program has reached 90% of the refugee population. Its MCH programs provide Palestinian woman access to prenatal and postnatal care. In the refugee camps, UNRWA has helped to improve sanitation and provide residents with clean drinking water by constructing sewer systems and digging wells.

However, while providing vital services where there would otherwise be a vacuum, UNRWA does have its limitations. First, UNRWA serves only those Palestinians who are officially registered as refugees. When looking at access to health care in the West Bank and Gaza Strip, a distinction must be made between the refugees and non-refugees. Often it is the non-refugees who appear to be suffering the most from lack of care, especially the poor and those living in rural areas.

Another limitation is financial. Due to a decrease in funding by the United Nations, UNRWA cannot provide nearly all the services needed. Budgetary cuts, year after year, have forced UNRWA to reduce personnel, supplies, and therefore the quantity and quality of services provided. In attempts to offset these budgetary cuts, UNRWA has turned to private contributions from individuals, corporations, and PVOs like ANERA to make up the difference.

In response to the gaps left by either the government or UNRWA, private charitable institutions in the West Bank and Gaza Strip have, where possible, stepped in to meet the health needs of their communities. Local institutions, like the Arab Women's Union of Nablus and the Sun Day Care Center in Gaza, have been especially enterprising in their efforts to provide health services and educate community residents about good health practices. Several international PVOs also operate in the West Bank and Gaza Strip, providing assistance and services where needed.

The type of services provided by each of these organizations varies from nurses' training and the teaching of classes on



The success of ORT is monitored by regularly checking the weight of recovering infants.

proper nutrition to the running of clinics and hospitals. Usually, these programs operate independently of other existing services. However, some efforts are being made to coordinate the services provided. A good example of this can be found in the district of Hebron where private and public health care providers are working together to improve the community's standard of health.

Hebron is the largest municipality in the southern part of the West Bank. Approximately 200,000 people, comprising one fourth of the West Bank's total population, live in the Hebron area. Life in Hebron district is difficult. Limited resources and rough terrain combined with the economic and political stresses of the military occupation have hindered the development of agriculture, industry, education, and health care. Several educational and social institutions, including, the Hebron Women's Charitable Society, the Red Crescent Society, and the University Graduates Union, have worked to improve the living conditions in Hebron. For them, health has become a very important issue.

Presently, there is only one hospital in the Hebron area. This government-run hospital has only 100 beds, making the ratio of beds to the population barely 0.5/1000. The hospital is ill-equipped to provide little more than routine care. Residents of the area must travel 20-40 kilometers to Ramallah, Bethlehem, or Jerusalem to receive specialized care.

In response to the lack of adequate health care in Hebron, the Patients' Friends Society was formed in 1977. The Society set for itself the challenge of providing Hebron with vital health care facilities. To date, the Society has established a small medical center which includes a central lab, an x-ray department, a dental clinic, and an internal medicine clinic. It has also provided the government hospital with three modern kidney dialysis units. Its next step is to build a modern community hospital for Hebron. Since its inception, the Society has, in cooperation with the Hebron community, successfully improved health care in the Hebron district.

Sources for this newsletter include:

Documents of the Central Bureau of Statistics, Israel

Peter Gubser

Institute for Middle East Peace and Development

Documents of the Ministry of Health, Israel

Patients' Friends Society, West Bank

Reports of UNRWA

Reports of the World Health Organization (WHO)

Overall, some progress has been made towards raising the standard of health in the West Bank and Gaza Strip. As already indicated, immunization programs have successfully reduced incidences of certain diseases. Good health practices to prevent disease are being taught throughout Palestinian communities. Although insufficient to date, progress is being made in the construction of sewage systems and the provision of drinking water. UNRWA's utilization of ORT for the treatment of diarrheal diseases has been successful among the refugee population.

However, progress remains slow. Existing health care facilities fail to provide essential services. The lack of coordination between health care providers continues to hamper improvements in the quality of care. As long as economic and political stresses detract support from fulfilling health needs, these needs will go unsatisfied.

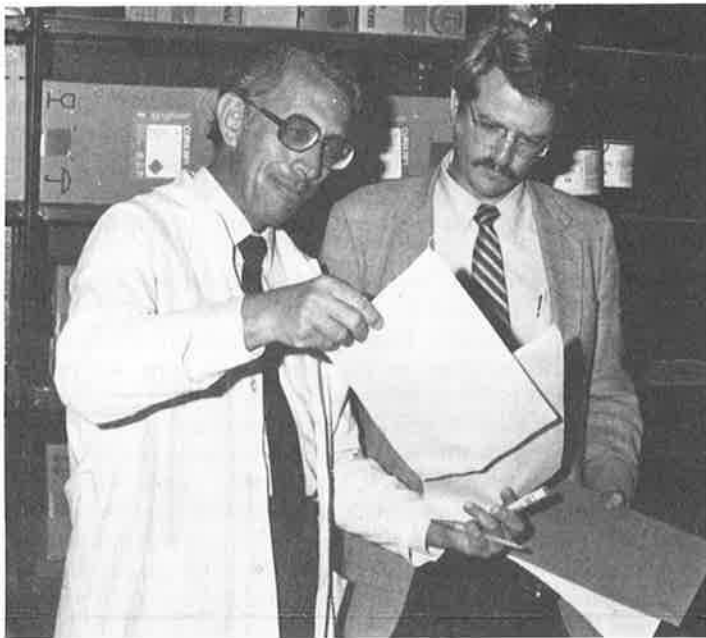
Assisting the health needs of the Palestinians is but one aspect of ANERA's work. For seventeen years, ANERA has encouraged economic growth and development in the West Bank and Gaza Strip. As only one of several PVOs working in the region, ANERA has long recognized the parallel between successful economic development and the status of health.

Over the years, ANERA has assisted numerous indigenous Palestinian organizations in their efforts to provide their communities with vital health and development services. ANERA has supported nurses' training, MCH, hospitals, clinics, and the construction of sanitary waste disposal systems. Recently, ANERA has initiated support for two dairy cooperatives which are establishing milk-processing factories. These factories will provide their communities with pasteurized, and thus, disease-free milk.

Despite the bleak picture painted by this newsletter, potential for improvement does exist. Through continued diligence on the part of individuals, communities, and PVOs like ANERA, many of the region's health problems can be solved.



In the refugee camps, UNRWA helps to provide residents with clean drinking water.



UNRWA Field Pharmacist/West Bank Samir Khaldi and ANERA President Peter Gubser review the inventory list of ANERA donated supplies in the UNRWA West Bank warehouse.

AMER (American Middle East Rehabilitation) was founded in 1948 to assist the thousands of Palestinians left homeless after the first Arab-Israeli war. AMER is the oldest American voluntary agency providing medical assistance to Palestinian and other needy Arabs in the Middle East. In 1971, AMER became the medical division of ANERA, and today, continues its long tradition of service to the Middle East by providing critically needed pharmaceuticals and medical supplies donated by major U.S. manufacturers.

In 1984, ANERA and AMER boosted UNRWA's medical services in the West Bank and Gaza Strip with a donation of nearly \$450,000 worth of hospital and clinic supplies. Sent in two shipments, the donation included laboratory chemicals and instruments, surgical aids, and maternity care supplies. The maternity care supplies are being used in the Gaza Strip where the Agency operates 9 out-patient health centers, 9 MCH centers, and 6 maternity wards. The remaining supplies are being distributed to hospitals and UNRWA clinics throughout the West Bank.

In addition to this donation to UNRWA, ANERA and AMER continued emergency medical relief to Lebanon in 1984 with donations of pharmaceuticals valued at approximately \$400,000.

IN HONOR OF:

Jesus Christ our Lord ■ Bassam Ghneim ■ Joseph Gripkey ■ Hamed Hammad ■ Palestinian refugees ■ sufferers who live and die without comforters.

IN MEMORY OF:

Simon Atallah ■ Anna Christy ■ Albert & Gertrude Hallick Ellis ■ Simon & Victoria S. Estfan ■ Herbert & Cora Gould ■ Miss Olive Greene ■ William P. Hodnett, Jr. ■ Mustafa Julani ■ Lilly Malmstrom ■ Joseph Monti ■ Ahmad al hajj Moussa ■ Margaret C. Smith ■ Mrs. Florence Ward.

Enclosed is a special gift for ANERA's work in health care.

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Contributions to ANERA are tax-deductible and should be sent with this form to the ANERA office. Thank you for your help.

This issue was written by Rosemary Susa, ANERA's AMER Director

ANERA

1522 K Street, N.W., #202
Washington, D.C. 20005

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